

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040989

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

JEFFERSON BARRACKS, MO.

Length of stay in 1b

50 DAYS

c. FULL NAME OF DECEASED
HOSPITAL OR INSTITUTIONVETERANS ADMINISTRATION
HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILLINOIS

b. COUNTY

FRANKLIN

c. CITY

OR TOWN

ROYALTON

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

PO BOX 158

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FLOYD

W.

DAVIS

4. DATE OF DEATH

Month

Day

Year

OCTOBER 16, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-22-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

ONTON, KENTUCKY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

LUCIOUS DAVIS

13b. MOTHER'S MAIDEN NAME

SARAH LUCK

14. NAME OF HUSBAND OR WIFE

TESSIE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

(If yes, give war or dates of service)

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. TESSIE DAVIS, ROYALTON, ILLINOIS

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

2 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

10 YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EMPHYSEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-27-62 to 10-16-62 and was present at death.

Death occurred at 9:00

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. OPPLER

M.D.

22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED

10-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

10-19-62

23c. NAME OF CEMETERY OR CREMATORY

Herrin City Cemetery

23d. LOCATION (City, town, or county)

Herrin, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Johnson Funeral Home Herrin, Ill.

25. DATE RECD. BY LOCAL REG.

10-17-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James L. Curran

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.